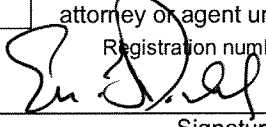


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 0112855.00122US2	
Application Number                      10/657,421-Conf. #9023		Filed                      September 8, 2003	
For    PROSODIC MIMIC METHOD AND APPARATUS			
Art Unit            2626		Examiner                      P. Shah	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	<u>Small Entity Fee</u> \$60            \$ _____
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$230            \$ 230.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$525            \$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$820            \$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115            \$ _____
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.		
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.		
<input checked="" type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-0219</u> . I have enclosed a duplicate copy of this sheet.		
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the	<input type="checkbox"/> applicant/inventor.		
	<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
	<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,590</u>		
	<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____		
 _____ Signature	September 18, 2008 _____ Date		
Eric L. Prah _____ Typed or printed name		(617) 526-6000 _____ Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u> forms are submitted.		